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Incidence of Disability During 1957

THE incidence of disability lasting eight days or more was 17 percent higher in 1957 than in the preceding year among Metropolitan Life Insurance Company office and field personnel covered by the Company's Group insurance program. Last year the rate of disabling illnesses and injuries was 169 per 1,000 personnel, compared with 144 in 1956. This rise represented very largely the sharp increase in disability cases during the fourth quarter of the year, when Asian influenza and other respiratory diseases were widely prevalent. In the last quarter of 1957 the disability rate for all causes combined, on an annual basis, was 247 per 1,000, or 85 percent above that recorded in the like period of 1956.

Females experienced a much greater increase in frequency of disability than did male personnel. While the rate for men was about two fifths higher in the last quarter of 1957 than in the corresponding period of the year before, the incidence of disability among women more than doubled. For the year as a whole, the increase was less than 10 percent for males and about 25 percent for females.

The table on page 2 shows in detail the disability experience of the Company's personnel for 1957. For all causes of disability combined, females recorded a higher rate than males throughout working life, but the magnitude of the difference varied with age. The ratio of the female to the male rate was 1¼ to 1 under age 25, and 2¾ to 1 at ages 25-44; the ratio was nearly 2 to 1 for the range from 45 years to normal retirement age, but this understates the disparity in disability rates for the two sexes, because the normal retirement age for women is five years below that for men.

Last year, the diseases of the respiratory system (which do not include virus infections classified under "infectious and parasitic diseases") ranked first among the causes of disability lasting eight days or more. Among females at ages 17-59, who experienced a rate of 127.0 per 1,000, these conditions accounted for more cases of

disability than did all other causes taken together. However, among males at ages 17-64 the respiratory diseases comprised only one quarter of all disability cases, but the proportion was as high as one half at ages 17-24. In view of the special interest in these diseases during the period of the influenza epidemic, additional details for the last quarter of the year were abstracted from the disability records. The results, available only for Home Office personnel, are shown in the chart on page 3. The youngest workers in each sex—those under age 25—experienced the peak rate in October, one month earlier than did the personnel at ages 45 and over.

For 1957 as a whole, accidental injuries ranked second to diseases of the respiratory system as a cause of disability among females, the rate being 20.3 per 1,000 at ages 17-59 years. This was greater than the rate among males aged 17-64 years, namely, 15.0 per 1,000. However, males had the less favorable experience under age 25, at which ages they recorded their highest disability rate from accidental injury; among females the peak came at ages 45 and over.

The diseases of the digestive system were second in rank among males and fourth among females, with rates of 20.1 per 1,000 at ages 17-64 and of 18.5 at ages 17-59 years, respectively. Although the

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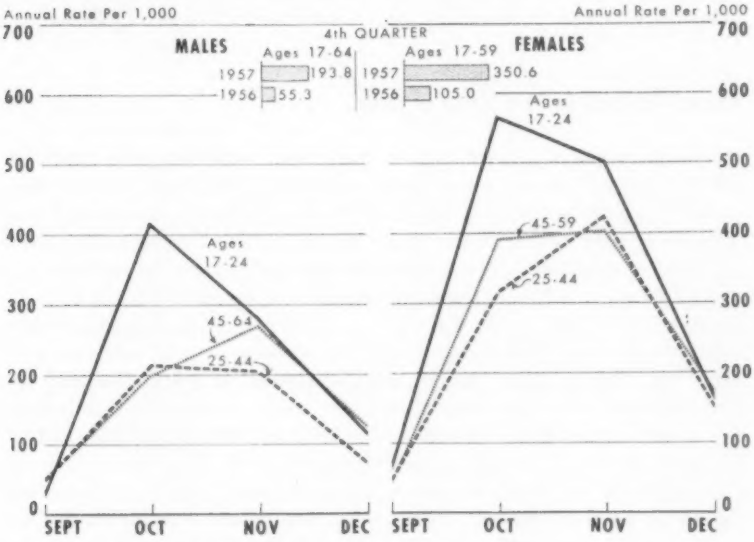
INCIDENCE OF DISABILITY FROM SPECIFIED CAUSES BY SEX AND AGE
Personnel of The Metropolitan Life Insurance Company,* 1957

Cause of Disability	New Cases of Disability Annually per 1,000 Personnel†							
	Males, at Ages				Females, at Ages			
	17-64‡	17-24	25-44	45-64	17-59‡	17-24	25-44	45-59
All Causes	119.3	187.6	79.8	165.0	249.9	233.9	221.7	318.7
Diseases of respiratory system	29.3	92.2	20.4	35.5	127.0	135.4	106.0	137.2
Infectious and parasitic diseases	5.6	14.4	5.2	5.3	15.4	17.3	13.7	13.6
Diseases of digestive system	20.1	14.4	13.8	28.9	18.5	19.8	15.6	19.2
Diseases of circulatory system	16.8	4.4	6.6	31.0	6.0	1.7	3.6	17.9
Diseases of genito-urinary system	6.2	8.9	4.1	8.7	19.1	12.3	21.5	29.9
Diseases of bones and other organs of movement	7.6	5.5	4.7	11.6	9.5	3.6	9.7	21.1
Neoplasms—total	3.5	6.7	2.2	5.0	7.4	5.5	8.0	10.4
Benign	2.9	5.5	1.8	4.0	6.5	5.3	7.2	8.3
Diseases of skin and cellular tissues	3.1	5.5	2.8	3.3	6.8	6.5	6.3	8.0
Diseases of nervous system	2.7	—	1.4	4.6	2.5	.8	2.1	6.4
Psychoneuroses and psychoses	3.2	6.7	1.8	4.8	6.2	4.2	8.2	7.7
Accidental injuries	15.0	22.3	13.3	16.6	20.3	17.3	17.1	31.0
All other causes	6.2	6.6	3.5	9.7	11.2	9.5	9.9	16.3

*Personnel in the Pacific Coast States and Canada are not included.
†The data relate only to disability lasting eight days or more.
‡Normal retirement age is 65 years for men and 60 years for women.

INCIDENCE OF DISABILITY FROM DISEASES OF RESPIRATORY SYSTEM BY SEX AND AGE*
Home Office Personnel, Metropolitan Life Insurance Company. Fourth Quarter, 1957†



*Normal retirement age is 65 years for men and 60 years for women.

†The date of onset of disability is that on which the person first received payment of a disability benefit under the Company's Group insurance plan; this excludes the first seven days of disability. The data thus relate to disability lasting eight days or more. Personnel in the Pacific Coast States and Canada are not included.

rate for females varied little with age, for males it was twice as high at ages 45 and over as it was below that age. The diseases of the circulatory system—mainly heart disease—which were third in order as a cause of disability among men, showed an even greater concentration at the ages beyond midlife. The male rate increased moderately from 4.4 per 1,000 at ages 17-24 to 6.6 at ages 25-44, and then jumped to 31.0 per 1,000 at 45-64 years. The circulatory diseases were the only ones to record a disability rate among males approximating twice that for females at each age period.

Disorders of the genito-urinary system ranked a close third to accidental injuries as a cause of disability among women, with a rate of 19.1 per 1,000. These disorders were much more common among women than among men; at ages 25-44 the ratio of the incidence rates was more than 5 to 1. Another major cause of disability among females was the group designated "infectious and parasitic diseases,"

which in this study consisted very largely of virus infections. For this category of diseases, the disability rate was rather high for each sex at ages 17-24 years—17.3 per 1,000 females and 14.4 per 1,000 males.

More Elders in the Population

The people aged 65 and over in the United States have been growing rapidly in number, and the outlook is that they will continue to increase markedly in the years ahead. Their total has grown by almost 5.4 million, or by 60 percent, between the 1940 Census and mid-1956. During this period of little more than 16 years, the number of elders rose from 9.0 million to approximately 14.4 million, and their ratio to the total population increased from 6.8 to 8.6 percent.

Each State has experienced a rise in its old-age population, but the rate of increase has varied considerably from one State to another, as may be seen in the table on page 5. In only four States—Maine, New Hampshire, Vermont, and Iowa—was the increase less than 35 percent between 1940 and 1956, the latest year for which data are available. In California the population at ages 65 and over doubled, in Arizona it rose to 2 4/5 times the 1940 figure, and in Florida it actually tripled. Well over one quarter million elders have been added to the population of Florida since 1940, bringing their number to about 400,000 in mid-1956. In California the old-age population increased by over one half million, to a total exceeding 1.1 million—greater than the population at ages 65 and over in all of New England. Only New York, with nearly 1.5 million elders, now outranks California.

In 11 States the elders comprised 10 percent or more of the total population in 1956. Heading the list were Vermont (11.3), Iowa (11.1) and New Hampshire (11.0). Florida with 10.1 percent of its population at ages 65 and over was in ninth place. The elders in California, despite their rapid increase, constituted only 8.3 percent of the total population in the State—a smaller proportion than that for the country as a whole.

More than 5 million may be added to the old-age population of the United States by 1970, even though the rate of increase will not be as rapid as it had been between 1940 and 1956. The elders in our country will then total 19.5 million and will comprise about 9½ percent of the total population. It appears that by 1970 the population at ages 65 and over will exceed the 2 million mark in New York State and reach 1.7 million in California, 1.3 million in Pennsylvania, nearly 1.2 million in Illinois, and somewhat over 1 million

POPULATION AT AGES 65 AND OVER, UNITED STATES BY GEOGRAPHIC AREA
1940 and 1956; Projected to 1970

Geographic Area	Number in Thousands			Percent Increase		Percent of Total Resident Population	
	April 1, 1940	July 1, 1956	July 1, 1970	1940-1956	1956-1970	July 1, 1956	July 1, 1970
UNITED STATES	9,019	14,407	19,513	59.7	35.4	8.6	9.4
New England	715	1,004	1,211	40.4	20.6	10.3	10.9
Maine	80	98	110	22.5	12.2	10.5	12.0
New Hampshire	49	62	74	26.5	19.4	11.0	11.4
Vermont	34	42	46	23.5	9.5	11.3	12.5
Massachusetts	369	516	594	39.8	15.1	10.7	10.9
Rhode Island	54	79	103	46.3	30.4	9.3	11.5
Connecticut	129	207	284	60.5	37.2	9.3	9.9
Middle Atlantic	1,879	2,925	4,184	55.7	43.0	9.1	10.6
New York	922	1,450	2,147	57.3	48.1	9.2	10.7
New Jersey	279	469	701	68.1	49.5	8.5	10.1
Pennsylvania	677	1,006	1,337	48.6	32.9	9.2	10.7
East North Central	1,969	3,015	4,075	53.1	35.2	8.8	9.2
Ohio	540	808	1,075	49.6	33.0	8.9	8.8
Indiana	288	403	512	39.9	27.0	9.1	9.0
Illinois	568	882	1,198	55.3	35.8	9.3	10.6
Michigan	331	558	827	68.6	48.2	7.4	7.9
Wisconsin	242	364	464	50.4	27.5	9.6	10.1
West North Central	1,113	1,560	1,830	40.2	17.3	10.3	10.6
Minnesota	213	319	395	49.8	23.8	9.8	10.2
Iowa	228	305	336	33.8	10.2	11.1	11.7
Missouri	326	449	545	37.7	21.4	10.7	11.0
North Dakota	39	54	63	38.5	16.7	8.4	8.9
South Dakota	44	66	76	50.0	15.2	9.5	9.8
Nebraska	106	148	171	39.6	15.5	10.4	10.8
Kansas	157	218	243	38.9	11.5	10.4	9.7
South Atlantic	969	1,757	2,488	81.3	41.6	7.3	8.3
Delaware	21	30	45	42.9	50.0	7.2	7.6
Maryland	124	191	297	54.0	55.5	6.8	7.5
District of Columbia	41	65	106	58.5	63.1	7.8	10.3
Virginia	155	250	350	61.3	40.0	6.7	8.0
West Virginia	101	159	206	57.4	29.6	8.1	10.2
North Carolina	157	272	390	73.2	43.4	6.2	7.6
South Carolina	81	140	188	72.8	34.3	6.0	6.7
Georgia	159	257	344	61.6	33.9	6.9	8.1
Florida	131	393	561	200.0	42.7	10.1	9.5
East South Central	613	932	1,190	52.0	27.7	8.0	9.7
Kentucky	189	264	322	39.7	22.0	8.8	10.2
Tennessee	172	267	356	55.2	33.3	7.8	9.2
Alabama	136	231	302	69.9	30.7	7.4	9.2
Mississippi	115	170	210	47.8	23.5	7.9	10.5
West South Central	719	1,238	1,688	72.2	36.3	7.8	8.9
Arkansas	107	177	201	65.4	13.6	10.1	14.0
Louisiana	119	205	292	72.3	42.4	6.8	7.9
Oklahoma	145	224	271	54.5	21.0	10.0	12.8
Texas	347	633	925	82.4	46.1	7.1	7.9
Mountain	251	451	616	79.7	36.6	7.3	7.2
Montana	36	61	70	69.4	14.8	9.3	9.3
Idaho	32	54	66	68.8	22.2	8.6	9.4
Wyoming	13	23	32	76.9	39.1	7.3	8.4
Colorado	86	137	175	59.3	27.7	8.4	8.0
New Mexico	23	45	66	95.7	46.7	5.5	5.9
Arizona	24	67	110	179.2	64.2	6.2	6.1
Utah	30	52	72	73.3	38.5	6.3	6.3
Nevada	7	13	26	85.7	100.0	5.1	5.7
Pacific	792	1,524	2,230	92.4	46.3	8.5	8.6
Washington	144	246	314	70.8	27.6	9.2	9.1
Oregon	93	160	213	72.0	33.1	9.2	9.2
California	555	1,118	1,703	101.4	52.3	8.3	8.4

Note: Excludes population in the Armed Forces overseas. The individual figures have been independently rounded; hence, the sums of parts may differ slightly from the totals.
Source of basic data: Various reports of the Bureau of the Census.

in Ohio. According to present indications, 19 States and the District of Columbia will then have more than 10 percent of their population in the old-age category. The proportion is expected to be as large as 14.0 percent in Arkansas and 12.8 percent in Oklahoma. Details for the other States are shown in the table.

Women have long outnumbered men at ages 65 and over, and it is almost certain that the disparity will widen in the years ahead. By 1970, women at these ages are expected to exceed 11 million, almost 2.8 million more than men. The increasing excess of older women results very largely from their more favorable mortality throughout the life cycle.

More than ever before, the aged in our country have the financial resources to meet their needs. This has been made possible by our Social Security program, which provides for basic needs, and by our various institutions for personal savings—Life insurance, pensions and annuities, and savings banks—which provide the means whereby individuals can design financial programs best suited to their particular requirements.

Heart Disease and Socioeconomic Status*

DIVERSE results are found in statistical studies on the relation between heart disease mortality and socioeconomic status. Some investigations indicate that the level of the heart disease death rate is high where socioeconomic status is low; other studies, in contrast, reveal a positive relation between the two.

The Industrial policyholders of the Metropolitan — mainly members of wage-earning families in the lower income brackets—experience a higher death rate from heart and related diseases than do the Ordinary policyholders, who are drawn chiefly from the middle and well-to-do classes of the population. As is evident from the table on page 7, Industrial policyholders record the higher mortality at each age group, the excess varying from about one third to little more than two fifths. An inverse relationship was likewise observed in a recent study in Baltimore, which indicated that at ages under 65 the highest death rates from arteriosclerotic heart disease, which includes coronary artery disease, occur in the lowest socioeconomic groups. A study in Chicago yielded similar results.

On the other hand, a relatively high mortality from coronary artery disease has long been noted among physicians. A study cover-

*This article is based upon a paper, "Variations in Mortality From Heart and Related Diseases," by Edward A. Lew, Actuary and Statistician, Metropolitan Life Insurance Company, presented at the Annual Meeting of the American Statistical Association, Atlantic City, September 12, 1957.

MORTALITY FROM HEART AND RELATED DISEASES BY SOCIOECONOMIC STATUS
Comparison of Male Ordinary Policyholders and White Male Industrial Policyholders
Metropolitan Life Insurance Company, 1955

Cause of Death; Age Group (Years)	Death Rate Per 100,000		Percent Industrial of Ordinary Death Rate
	Industrial	Ordinary	
Diseases of Cardiovascular System			
35–44	147.3	102.2	144
45–54	520.5	361.0	144
55–64	1,309.7	988.9	132
65–74	3,063.9	2,240.6	137
Diseases of the heart			
35–44	131.8	89.8	147
45–54	448.5	316.9	142
55–64	1,108.5	855.7	130
65–74	2,367.8	1,774.4	133
Arteriosclerotic and degenerative heart disease			
35–44	99.6	76.6	130
45–54	379.2	285.6	133
55–64	970.3	766.0	127
65–74	2,046.1	1,581.8	129

ing the period 1938-42 showed the mortality from this cause among physicians in the United States to be nearly twice that of males in the general population. A more recent study indicated that the death rate from the heart diseases as a group was 3.2 percent higher among physicians than among white males in the general population, although the death rate from all causes combined was 6.6 percent lower among physicians. At ages 60-64, the heart disease mortality of American physicians was more than 20 percent higher than that of white males generally. According to a British study for the years 1947-50, the death rate from coronary disease at ages 40-59 was 60 percent higher for general practitioners than for other doctors—mainly specialists and public officials—and 70 percent higher than for males in the general population. In part, the excess mortality from coronary artery disease among physicians is attributable to more accurate diagnosis and reporting of cause of death among them, but in large measure the excess probably represents a real difference arising out of the working conditions of general practitioners.

The latest study by the Registrar General of England and Wales on occupational mortality shows that among males ages 20-64 years the arteriosclerotic heart disease death rate is highest among the profes-

sional and executive groups and lowest among the semiskilled workers; the mortality from this cause among unskilled workers, including laborers, is also well below the average for all males as a group. In contrast, among married women classified according to husband's occupation, the death rate from arteriosclerotic heart disease is lowest among the higher socioeconomic class and highest among the wives of unskilled workers.

In Scotland, occupations showing excess mortality from coronary disease include company directors, stockbrokers, industrial executives, physicians, police, transport managers, judges, lawyers, clerks, clothing workers, plasterers, financial and insurance executives, salesmen, and engineers. Teachers and scientists experience mortality below average, while local government officials, office managers, and clergymen have about average mortality from this cause.

The hypothesis has been advanced that men in jobs requiring physical activity have a lower mortality from coronary disease than those in more sedentary jobs. Intensive studies by J. N. Morris and his colleagues among transport workers in London indicated that conductors on buses have a lower death rate from this cause than do the drivers. Similarly, in a study of English postal workers, postmen were found to have a much lower frequency of coronary disease than the employees in sedentary jobs. But other studies have produced contrary results. For example, general medical practitioners show a very much higher death rate from coronary disease than do specialists, even though the latter would presumably be less physically active. Furthermore, within the broad groups of occupations characterized as heavy, intermediate, or light work, there are very wide variations in mortality from coronary disease. Thus, within the group of heavy work occupations, building laborers experience a much lower mortality from the disease than do dock workers. The indication is that physical activity may be a contributory factor, but by no means a major one.

The lack of consistency in the findings of the various studies is not surprising in view of the many factors involved. Thus, members of the higher socioeconomic classes, who have access to the best medical care, are more likely than the other classes to have a coronary disease diagnosed. Moreover, mortality statistics by occupation are subject to various sources of error. There is a tendency to upgrade occupation when it is reported on the death certificate. Then, too, many men who develop heart disease shift to less strenuous jobs; the original choice of occupation may likewise be influenced by physical status.

Note: Among the sources used were the following: Lilienfeld, A. M., "Variation in Mortality From Heart Disease: Race, Sex, and Socioeconomic Status," *Public Health Reports*, June 1956, p. 545; Dickinson, F. G., and Martin, L. W., "Physician Mortality, 1949-1951," *Journal of the American Medical Association*, December 15, 1956, p. 1462; Morris, J. N., Heady, J. A., and Barley, R. G., "Coronary Heart Disease in Medical Practitioners," *British Medical Journal*, March 8, 1952, p. 503; Morris, J. N., and Heady, J. A., "Mortality in Relation to the Physical Activity of Work," *British Journal of Industrial Medicine*, October 1953, p. 245.

Motor Vehicle Accident Trends

ALTHOUGH largely amenable to control, motor vehicle accidents continue to take a deplorably large toll of life year after year. In 1957 such accidents accounted for about 38,500 deaths in the United States, equivalent to a death rate of 23 per 100,000 population. Motor vehicle accidents rank fifth among all the causes of death and take approximately 3 times as many lives as tuberculosis. Two thirds of those fatally injured in accidents of this type are in the most productive years of life.

The mortality rate from injuries sustained in motor vehicle accidents is no lower now than it was a decade ago. Yet, there are some encouraging aspects in the situation. On the basis of vehicle miles traveled, the death rate has decreased about one third in the past 10 years. According to the National Safety Council, the rate in 1957 was down to the all-time low of 5.9 per 100 million vehicle miles. Another hopeful sign is the downward trend in fatal injuries among pedestrians. In 1956-57, the annual motor vehicle accident death rate among pedestrians was 4.7 per 100,000 population, or two fifths less than that in 1946-47. Currently about 8,000 pedestrians a year are killed on streets and highways—a large enough toll, but considerably less than the annual loss of approximately 11,000 lives a decade earlier. Pedestrians now account for one fifth of all the deaths from motor vehicle accidents, whereas in 1946-47 they constituted a third of the total.

In sharp contrast to the reduction in deaths of pedestrians has been an appreciable rise in the loss of life among occupants of cars—drivers and passengers. The current nonpedestrian accident death rate is nearly one fifth higher than the rate of 15.6 per 100,000 recorded in 1946-47. Such major types of nonpedestrian accidents as collision between motor vehicles, and vehicles overturning on the road, running off the roadway, or hitting a tree, pole, or other fixed object have been accounting for an increasing number of victims. Only grade crossing accidents have shown an appreciable improvement. The building of overpasses, removal of obstructions to vision, improved traffic control devices, and other engineering advances have decreased the frequency of collision between motor vehicles and trains. Safety education has also made drivers increasingly aware of the need to observe stop signals at highway rail crossings.

The recent mortality trends from motor vehicle accidents according to sex and age are shown in the table on the next page. Among males, the death rate for all ages combined decreased about 5 percent between 1946-47 and 1954-55,

MORTALITY FROM MOTOR VEHICLE ACCIDENTS
By Sex and Age. United States, 1954–55 and 1946–47

Age Period (Years)	Average of Annual Death Rates per 100,000				Percent Change 1954-55 Since 1946-47	
	Males		Females			
	1954-55	1946-47	1954-55	1946-47	Males	Females
All Ages	34.6	36.6	11.2	10.4	− 5	+ 8
Under 1	9.6	6.4	7.9	4.9	+50	+61
1–4	12.1	15.0	9.4	10.2	−19	− 8
5–14	10.5	14.7	5.4	6.9	−29	−22
15–19	50.0	41.7	15.4	13.7	+20	+12
20–24	78.9	66.5	13.0	11.3	+19	+15
25–34	43.6	37.2	9.5	7.6	+17	+25
35–44	33.2	30.6	9.4	7.6	+ 8	+24
45–54	33.4	34.1	11.6	9.9	− 2	+17
55–64	39.7	46.9	15.3	13.9	−15	+10
65–74	53.1	68.4	20.3	19.3	−22	+ 5
75 and over	75.8	102.8	25.0	27.3	−26	− 8

Source of basic data: Reports of National Office of Vital Statistics.

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the latest years for which detailed data are available; among females, on the other hand, the rate rose 8 percent. Despite these contrasting trends, the motor vehicle accident death rate among males is still about 3 times that for females.

Marked variations are observed in the trend by age. In general, the mortality from motor vehicle accidents has increased among infants and in a wide range of adult ages; decreases have occurred among children and among people at the older ages. Among males, adolescents and young adults, who usually experience peak motor vehicle accident death rates, showed a relatively large increase — close to 20 percent — between 1946-47 and 1954-55. Among females, increases were recorded for every age group except 1-14 and 75 and over. There is no ready explanation for the sharp rise in infant deaths, but it may reflect a greater tendency to take the baby along when the family car is used. The increase at the adult ages is probably associated with the rise in nonpedestrian accidents, whereas the lowered mortality among children and older people undoubtedly reflects the favorable trend for motor vehicle accidents involving pedestrians.

There is obviously an urgent need to reduce the motor vehicle accident toll in our country. Recognizing this need, the Boy Scouts are concentrating their attention on traffic safety this spring, as part of their national service program for the year. In addition, a number of public and private organizations are intensifying their efforts to Back the Attack on motor vehicle accidents.

MORTALITY FROM SELECTED CAUSES

Industrial Policyholders, Metropolitan Life Insurance Company
February 1958

Cause of Death	Annual Rate per 100,000 Policyholders*				
	February		Year to Date		
	1958†	1957	1958†	1957	1956
All Causes	733.5	672.7	722.6	674.5	677.4
Tuberculosis (all forms)	8.2	7.6	7.9	7.5	7.8
Communicable diseases of childhood	.2	.4	.2	.2	.3
Acute poliomyelitis	—	—	—	‡	.2
Malignant neoplasms	141.0	138.6	139.4	138.3	132.0
Digestive system	46.3	48.0	44.5	47.8	44.6
Respiratory system	18.8	18.0	19.1	19.0	18.0
Diabetes mellitus	17.6	14.5	16.9	14.5	16.5
Diseases of the cardiovascular-renal system	395.5	373.5	390.9	369.3	366.4
Vascular lesions, central nervous system	76.0	70.9	73.0	69.4	71.1
Diseases of heart	291.2	272.8	290.0	271.8	268.8
Chronic rheumatic heart disease	12.7	12.0	12.4	12.3	12.8
Arteriosclerotic and degenerative heart disease	228.1	209.6	229.3	210.1	209.6
Diseases of coronary arteries	129.9	118.5	128.9	120.1	119.8
Hypertension with heart disease	37.8	39.9	36.4	37.8	37.2
Other diseases of heart	12.7	11.2	11.9	11.5	9.2
Nephritis and nephrosis	7.6	9.2	8.3	9.1	8.6
Pneumonia and influenza	30.1	17.2	29.0	18.7	21.2
Complications of pregnancy, childbirth	.8	1.0	1.0	1.0	.8
Suicide	7.0	5.2	5.9	5.8	5.2
Homicide	3.4	3.0	3.1	2.8	2.0
Accidents—total	32.4	33.0	33.0	34.0	38.5
Motor vehicle	14.4	12.0	15.3	14.1	16.8
All other causes	97.3	78.7	95.3	82.4	86.5

*These death rates relate to persons insured under Industrial premium-paying policies, persons with Ordinary Monthly Premium Policies for Less Than $1,000, and persons with Debit Book Ordinary policies for $2,000 or less.
†Provisional. ‡Less than 0.05.

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MORTALITY FROM ALL CAUSES

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	(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1957	6.8	6.7	7.2	6.5	6.3	6.3	6.3	6.1	6.0	6.4	7.3	7.0	
1958	7.1	7.3											

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